

# CALIFORNIA MEDICAL JOURNAL

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**MEDICINE, SURGERY AND THE COLLATERAL SCIENCES**

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Vol. XV

OCTOBER, 1894.

No. 10.



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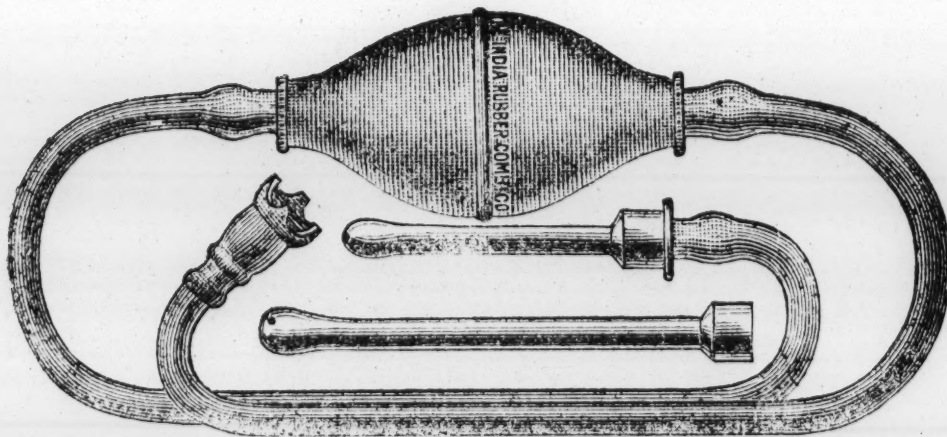
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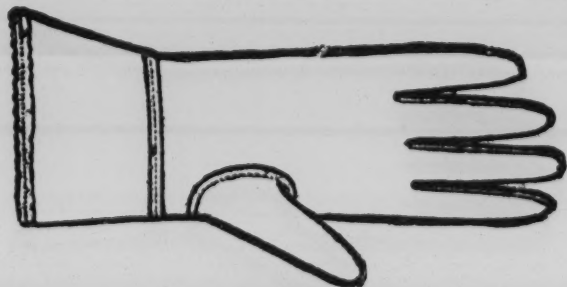
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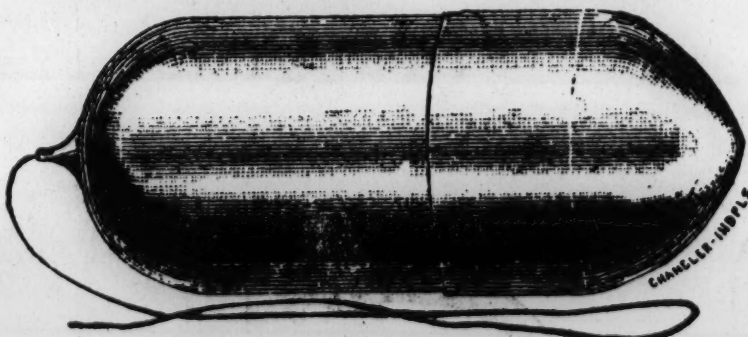
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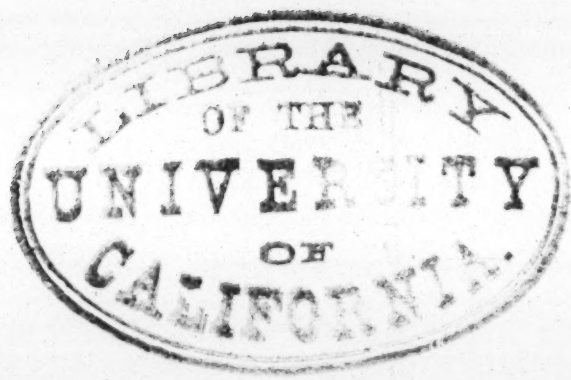
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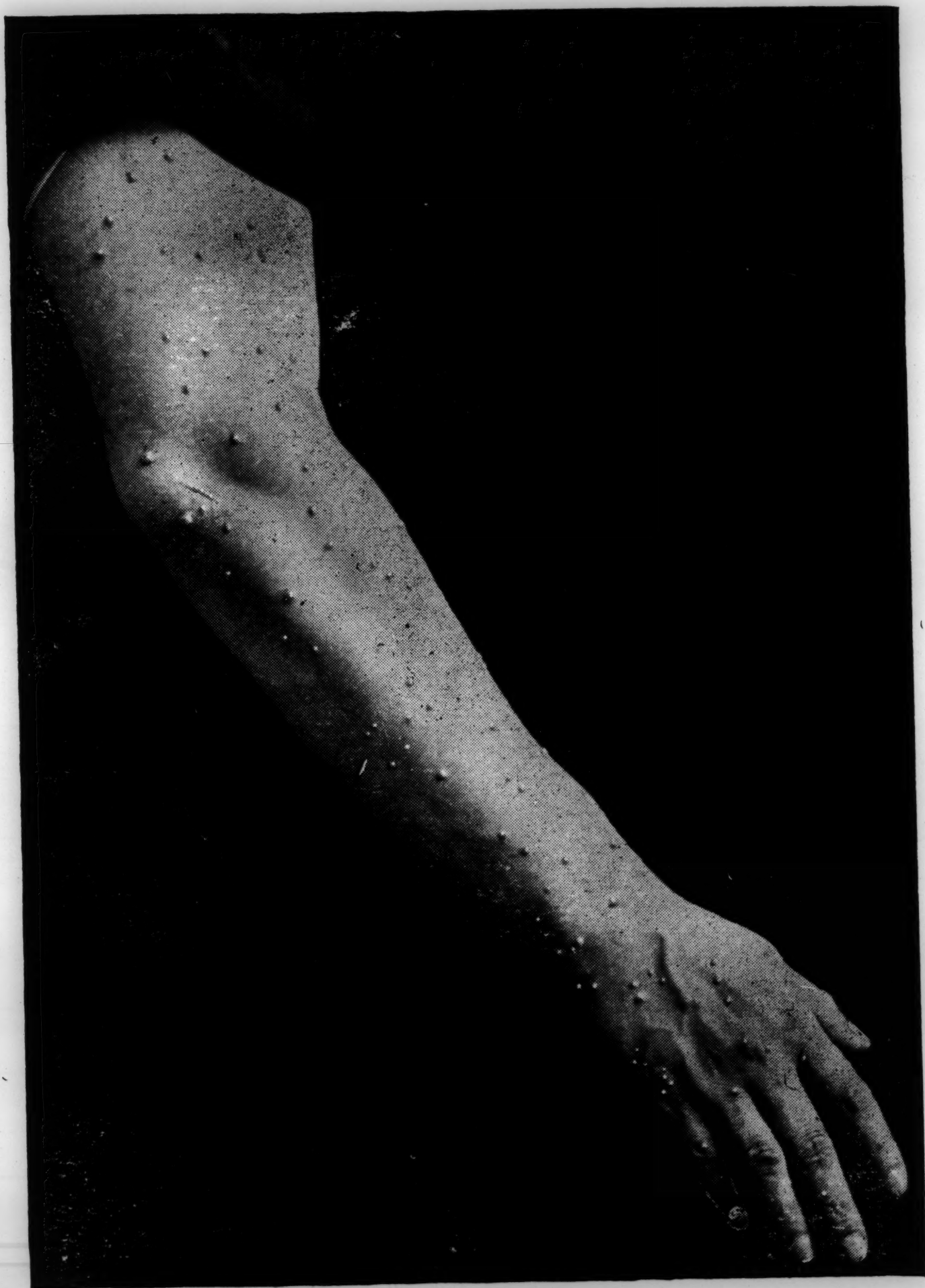
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**LICHEN PLANUS (TRAVERSE).**





THE  
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*Original Communications.*

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**A Case of Lichen Planus.**

By A. W. TRAVERSE, M. D., San Francisco, Cal.

Mrs. R——, twenty-nine years of age, Russian by birth, a blonde, having brown hair, blue eyes and fair skin; strong and healthy looking, four feet eleven and one-half inches in height and weighing one hundred and seventy-five pounds, applied for treatment August 8th, 1894. The patient states that she has always been in good general health, and that this is the first disease of the skin she has ever had.

The eruption first manifested itself upon the forearms and arms in the form of multiple, symmetrically disposed, discrete, flattened, polygonal, yellowish-red, smooth, shining papules. After remaining here for about a year it gradually spread over the knees, gluteal region and cleft of the nates, thighs, legs and lumbar region, and three years later, or nine weeks ago, made its appearance upon the neck, face, abdomen and pubic region, dorsal and palmar surfaces of the hands, including the fingers, dorsal and plantar surfaces of the feet, and in the mammary region. It was preceded first by a decided nervous condition of the patient, and later by sensations of itching, smarting, tingling, and a peculiar neuralgic aching for several days in the regions that were afterward the seat of the cutaneous lesions.



These conspicuous lesions do not tend to aggregate so much into distinctly separate patches, as to thickly stud the surface of various regions with roundish, sharply defined, distinctly circumscribed, opaque, waxy papules, abruptly elevated above the surrounding healthy skin. This aggregation is most marked upon the nates, the contiguous surfaces of the back and thighs, (the inner aspect of the latter) the abdomen and the pubes—where nearly the entire surface is covered. Discrete, isolated lesions only are to be found sparsely scattered over the face. The scalp is not implicated in the disease process, but several papules appear on the forehead along the superior hairy margin, and a few are imbedded in the eyebrows. Each cheek is marked by a few small lesions, the nose near the inner canthus of the right eye is the seat of one, one appears on the posterior side of the outer rim of the left ear, one on the upper lip near the vermillion border at the left angle of the mouth, the chin escaping altogether. Each breast has but a single papule. The fore part of the neck is much more implicated than the back where only a few scattered lesions are found. The dorsal region is almost free from papules. The right foot exhibits an angry, inflamed, sore patch, about half an inch by an inch and a half in size on the outer ankle, from which the old epidermis has almost completely exfoliated; while the plantar surface is hypertrophied, and scaling lamellæ are peeling off in thick plates. The left foot and both legs present numerous relics of former lesions in the form of lenticular, brown maculations, but few papules.

The major part of the lesions on the various regions of the body are rape-seed in size, but in places containing the more recent papules they are miliary or pin-point-sized in character. In no case is there a tendency to become vesicular, pustular, or ulcerating. In places several papules coalesce and form compound lesions resembling in appearance small grains of wheat closely placed together with the epidermis tightly drawn over them separately. The other special char-



acteristics of the papules and vicinage are the adherent, thin horny, epidermal covering of all papules; their implication of the skin only, never reaching down into the subcutaneous tissue; the general course of the disease in spreading from the upper parts of the body downwards; the tendency in some regions to become slightly umbilicated, this feature being most marked over the nates and adjacent surfaces of the back and thighs; the whitish appearance of the palmar regions; the freedom from moisture or crusting; the appearance of small vessels ramifying in a telangiectasic manner over the surface of some of the papules; and the absence of infiltration into the surrounding skin.

In places raised, narrow, band-like ridges of scar tissue, somewhat resembling keloid may be seen in which new lesions sometimes appear.

The disease appeared for the first time three years ago after the patient had resided in Buenos Ayres, Argentine Republic, South America, for two and a half years, in the form of minute papules which gradually enlarged until they reached the size of split peas. On first making their appearance they were somewhat acuminate, but flattened as they increased in size. For two years after its appearance she remained in Buenos Ayres, the lesions gradually extending over more surface and increasing in size; then she took a sea voyage extending over a period of forty-five days going to Paris, France. On arriving at Havre she found that the papules on her hands had completely vanished, and those on the various other parts of her body had decreased in size one half, notwithstanding the fact that she had resorted to no medical treatment. She remained in Paris for four months, during which time there was a slight decrease in the size of the lesions, when she again took a trip over the ocean, this time returning to New York where she had resided previous to going to South America. This journey by steamer lasted fourteen days, and although still under no medicinal treatment, she found upon entering port that her disease had



completely disappeared, leaving only the brown macular pigmentation, the relics before mentioned. After remaining five months in New York she removed her residence to San Francisco arriving here in April, four months ago.

Nine weeks ago, after being free from the disease for about eight months, it again made its appearance on her body, becoming much more universal than during the previous seizure, and at the present time occupies all the regions before implicated as well as those enumerated above in describing its location.

The subjective sensations complained of by the patient are a smarting and burning of some of the implicated regions, slight itching at times, and a soreness and severe, neuralgic, aching pain in the hands and feet. These symptoms, especially the neuralgic aching in the hands and feet, are more aggravated at night on disrobing from the consequent chilling of the surface, although not so severe after the bed clothes have become warmed by contact with the body. This causes restlessness and insomnia which has produced nervous excitability and a melancholic condition. These sensations are also affected by changes in the temperature, being more severe in cold weather than when it is warm.

The patient has a good family history. She has no sisters and only one brother, and he, as well as her progenitors traced back for two generations, always enjoyed good health, and were free from diseases of the skin as far as she knows. She herself is of good physical development, and has no organic disease or functional derangement of any splanchnic viscus.

In regard to the etiology of the disease, the French dermatologist, Dr. Jacquet, claims that its subjects are always neuropathic, either by heredity or acquisition, and that the affection develops from the effect of decided physical or moral shock to the nervous system. The only cause that I can assign in the case under consideration is a general neurasthenia, exhibited in her restless and melancholic state and



attendant neuralgic pain. As causative agents of this neurasthenic state may be mentioned conjugal lack of harmony, financial losses in business, enforced idleness of the husband on account of the dull times and stringency of the money market, poverty, privation, mental worry, nervous exhaustion and depressed condition.

The diagnosis of lichen planus is based upon the characteristic shape, size, grouping, disposition, umbilication and color of the papules. Although lichen planus and lichen ruber possess several features in common, the papules of the latter disease never assume the angular shape, nor present the characteristic color of those of the former. Lichen planus is much the milder disease, the general health usually remaining quite fair, while lichen ruber affects the general economy to a great extent, and usually, if not always, has a fatal termination.

The papular syphilides is not pruritic; is not polygonal in outline; is not provided with an adherent, thin, horny epidermal covering; is not flattened when minute, and always occurs in patients that show other evidences of the disease such as mucous patches, glandular adenopathy, etc.

The lesions of papular eczema are brighter and redder in color, more acuminate, and much more often followed by or accompanied with symptoms of epidermal catarrh than those of lichen planus.

The psoriasis lesions are covered with abundant scales of silvery whiteness that are readily removed, and the patches in this disease tend to assume a circular outline and increase in size by peripheral extension, all of which are absent in lichen planus.

A few striking as well as singularly characteristic features of lichen planus which materially aid in making a diagnosis are chronicity, recurrence, and aptness to linger for months or years in distinctly circumscribed areas. While essentially chronic there are occasional exacerbations and remissions, and in this case of mine now under consideration, there was



an intervening period of apparent cure two-thirds of a year long between the two outbreaks of the eruption; during the first of which it remained localized over the regions of the forearms and arms for about a year before gradually spreading downward. Spontaneous disappearance of the eruption is quite common in generalized cases of this affection of the skin, and this feature also is well exemplified in this case. The disease is not accompanied by any changes in the hair, nails, or mucous membrane.

The pathology of lichen planus has been minutely studied and clearly described by Robinson and others, so that at the present time we have a definite knowledge of its morbid anatomy. Sections of papules examined under the microscope show that the first changes to take place are an increase in the lumen, and a sinuous condition of the capillaries supplying the one or more papillæ concerned in the production of the papule. In addition to dilated capillaries, the papule is found to be composed primarily of a reticulated connective tissue stroma filled with a dense mass of round cells in the papillary layer of the derma, and a thickened rete Malpighianum of the epidermis.

Recent papules show a notable lack of the stratum corneum, but this develops later and is found in the older lesions. The whitish puncta seen in places in some of the papules are granules of kerato-hyaline, resulting from a proliferation of cells in the stratum granulosum.

In medium developed papules the stratum corneum, in some parts, consists of a dark, firm, narrow layer, beneath which is seen the stratum lucidum composed of two to four rows of translucent cells, but in other parts, and in all parts in papules of mature development, the corneum layer may be broken up into definite lamellæ. The external lamella is here dense and narrow, the middle is composed of swollen cells with indistinct nuclei or relics of nuclei that were present in a state of health, and the internal one is firm and narrow.

Concisely, the papules of lichen planus are the result of a



primary hyperæmia and infiltration of the comprised papillæ, a secondary hypertrophy of the deeper part of the rete, a tertiary proliferation of cells in the stratum granulosum in those lesions presenting the whitish puncta of kerato-hyaline deposit, and a final flattening of the lesions as a result of pressure.

The prognosis of lichen planus as far as the general health is concerned is always favorable, never going on from bad to worse and finally ending in a fatal marasmus, as is generally, if not always, the case in lichen ruber. It usually runs a chronic course, in cases lasting many months or years, and although usually rebellious to treatment has a tendency to spontaneous disappearance especially in generalized cases.

The patient was put upon a treatment of arsenic and iodide of potassium, in connection with acetate of potassium and sweet spirits of nitre internally; while Unna's carbolic-sublimate ointment, containing twenty minims of carbolic acid and one grain of corrosive sublimate to the ounce of zinc salve, is being thoroughly applied locally to the lesions. Although under treatment for only three weeks the improvement of the patient is unmistakable, not only in a slight decreasing in size of the papules but also in the amelioration of the symptoms of itching, burning, smarting and pain.

Dr. Jacquet in his communications to the French Dermatological Society, extols the good effects of hydrotherapy in lichen planus. He has adopted this line of treatment exclusively in its most sedative form, the tepid douche of light percussion, at thirty-five degrees centigrade, of two to three minutes duration, followed by a cold effusion of very short duration, and all with the least amount of shock. This course, exclusive of all others either internal or external, is to be carried out daily. In the seven cases he has thus treated he claims to have had excellent results. He says that it requires an average of twenty-five days to completely relieve a patient of all his eruption, and that all nervous excitability generally disappears after the first few days.



The lotio alba (zinci sulphas 4, potassii sulphuretum 4, in aqua rosæ 100) acts well in some cases that assume the acute form. Tar and allied products tend to lessen the pruritus, and salicylic acid in a ten to fifteen per cent unguentum is an effective application to the warty lesions that are frequently found on the legs. In obstinate cases light cauterization such as caustic pyrozone of twenty-five per cent strength may be applied to the papules, and even strong caustics as pure carbolic acid are often of great service. In the case that forms the subject of this article, I am using the latter with good effect on the lesions occupying the dorsal portions of the hands. General constitutional treatment is to be instituted where indicated.

### Calopractic Surgery—No. 5.

(Gr. *kalos*, beautiful, and *prassein*, to make.)

Lectures by PROF. GERE, California Medical College, Intermediate Course, '94.

Scars are of common occurrence and are often extremely unsightly; they may be depressed, elevated, red, white, purple or blue. Scars from burns especially are liable to contract and distort the features or form and interfere with muscular movements. Some of these scars can be entirely relieved and others greatly ameliorated. The offending tissue may be dissected out by means of an elliptical incision and if not too wide the skin drawn together leaving a line-like scar instead of a broad ribbon, or a strip of skin may be turned in from the neighboring sound parts or grafted on from a distance, second person, recently amputated healthy limb or animal as a frog, puppy or hairless Mexican dog. If none of these expedients are available a better quality of tissue may be reproduced by iodoform dressing under a collodion crust covered by rubber or oiled silk with an immovable bandage over all. Depressed scars may be elevated by Professor Howe's method of freeing the part subcutaneously



with a tenotome and inserting a plate of lead or silver for a few days to prevent too early adhesion. These as well as elevated cicatrices are sometimes amenable to improvement by electrolysis, remembering that the negative electrode loosens and softens while the positive condenses.

It will be out of place here to dwell on skin diseases proper, as the subject is so extensive as to occupy a special department of surgery, but when speaking of the face I will refer to some of the common pimply affections as acne, comedo, etc., which often cause great annoyance.

We will now consider the various parts of the body in detail with reference to special improvements that may be made in each case, beginning with the head. The size and shape of the cranium modifies in a great degree the appearance of the individual, though deficiencies or deformities may often be concealed by judicious arrangement of the hair when this is present in sufficient quantity. As the form and size of the skull is largely the result of inheritance, civilized people are, as a rule, content to leave it as they find it without interference. It is true that in adult life the bones are very hard and the cranial arch well calculated to resist external impressions, so that very little can be accomplished at this period, but the softer bone and flexible cartilage of infancy and childhood can be molded almost at will. Changes of size are not so easily effected as of shape, but if a child has a very large head we should encourage physical development of the remainder of the body while restraining mental labor in early years, and we will find that while the head has not grown smaller, yet the disproportion in size has been removed. Children with small heads should be assisted and encouraged in their studies, their imagination and reasoning powers stimulated and perhaps some of the animal tendencies repressed.

If the skull is of proper size but ill-shaped, pressure upon the protuberant region, judiciously and persistently applied, will check increase here and force the growth to take place



in the direction of deficiency. Even a greater degree of pressure than here advised has often been applied without apparent detriment to the health of the child, as in the case of the "flathead" Indians, aboriginal Central Americans and some Asiatics who produce cranial flower pots, urns or other desired forms at will. Some persons are so careless of their appearance or so much afraid of the surgeon that they permit lumps or tumors known as wens to remain on their scalp or forehead to the great disgust of most observers. These cystic tumors can be easily, safely and, since the introduction of cocaine, almost painlessly removed by excision, or if the contents are fluid the latter may often be squeezed out through the little opening (which may be dilated) that can generally be found near the apex, then pressure may be applied to produce adhesion of the walls of the cavity and prevent it refilling. Scars of the scalp are common and, if the hair is absent or worn short, often present an ugly appearance; if not exceedingly large we can remove them at one or more sittings by an elliptical incision the edges being carefully united with sutures. There is little or no danger of erysipelas (the bugbear formerly associated with scalp operations) if we use proper antiseptic precautions.

A healthy, vigorous growth of hair on the scalp is desirable for its general effect on the personal appearance as well as valuable for concealing defects in particular cases. By varying the mode of dressing the hair we may apparently increase or diminish the stature or alter the facial expression as well as the configuration of the head. Any particular method will be indicated by a study of the result required. Any superfluity in quantity or length may be easily remedied temporarily by judicious shredding, as practiced on a horse's mane or tail, with a knife, or by clipping with scissors. The more common condition and one more difficult to remedy is when the hair is too scanty or totally absent. Alterations in color and quality are also frequent, the first being a natural consequence of advanced age, but often occurring prem-



aturely or accidentally. Like the other tissues of the body the hair constantly grows, matures and is cast off, its place being supplied by new growth so that as long as the normal relation of waste and repair is maintained there is no diminution in the average amount, but with advancing years nutrition becomes less active and fails to keep pace with the wasting process; so also disease, either general or local, may hasten waste and retard or prevent renewal, and baldness, more or less general, will result.

If the hair has fallen out in consequence of temporary arrest of nutrition as in case of fever or constitutional disease, it will generally return when convalescence is complete, or may be restored by special tonic or stimulant measures, but if the baldness has occurred gradually as a result of old age or chronic disease the growth can seldom be completely restored though the process may frequently be checked and what remains be preserved. There are some unexplained peculiarities connected with the loss of hair; for instance, men are much more commonly bald than women; possibly the growth of the beard appropriates an undue amount of nutritive material. Again, men lose hair from the forehead and crown, women from the crown and occiput; it may be the different methods of arranging the hair and wearing the hat may have some bearing on this fact.

Men who live indoors and pursue mental labors are sooner bald than those who follow open air vocations and labor with their hands. Unhealthy air and cerebral hyperæmia are probably responsible in these cases. The most common of all causes of premature loss of hair is an affection of the scalp called *seborrhœa*, or, when occurring in a mild form, may be disregarded under the name of dandruff. The disease is an irritation or perhaps a mild inflammation of the sebaceous glands connected with the hair follicles, as a consequence of which the character of their secretion is somewhat changed and the amount greatly augmented. It occurs in two forms, *seborrhœa oleosa* and *seborrhœa sicca*, the latter, or perhaps a



mixture of the two much the more common. We may consider seborrhœa as a catarrh affecting the sebaceous follicles connected with the hair bulbs, and its course is similar to that of chronic catarrhal inflammations of the mucous membranes, *i. e.* increased and altered secretions, and finally, if not checked, atrophy of the glandular structures.

Seborrhœa oleosa is characterized by an oily, sodden condition of the skin with, perhaps, a moist, sticky scurf adhering to it or coming away in flakes leaving the surface red and irritated. In seborrhœa sicca there is very little oil in the secretion which accumulates in dry scales known as dandruff attended with heat and itching of the scalp. Sometimes atrophy of the hair bulbs occurs without seborrhœa or other apparent disease though there is doubtless a degree of preceding irritation, as the microscope shows an increase of connective tissue causing compression of the minute blood-vessels. This is most likely to occur in males and the premature baldness occasioned by it is known as *premature idiopathic alopecia*. In these cases the natural hair is at first replaced by a finer, shorter, thinner growth, but finally even this disappears. A form of baldness occurring in well-defined patches is known as *alopecia areata*; this is dependent on failure of nerve force, at least of the nerves governing nutrition (trophic nerves). It may follow neuralgia, shock, blows, etc., and the bare spots define the area of distribution of the filaments of some particular nerve or branch of nerve trunk. The skin of these patches is white, smooth and often more or less anæsthetic. There is a chance of recovery in some of these cases, particularly in young subjects, though the nervous vitality may not return in months or even years.

ERRATA:—In Calopractic Surgery—No. 3. (August number) page 424, insert the word "only" so as to read—"may not *only* be a pleasure etc." On page 426 insert the word "black" so as to read—"very large *black* freckles etc."



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## Styptics.

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By G. P. BISSELL, M. D., Cedarville, Cal.

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What is a styptic? Who knows? I do not. If I plug up the mouth of a bleeding vessel, no matter whether with charpie or a rag, so that the blood immediately coagulates, or with a plug inserted in the mouth of the open vessels, so that the bleeding ceases, are these means styptic? If styptics are whatever stop bleeding, then we have a long list of them, from syncope and ligatures onward. But if a styptic is something that acts on the blood, then have we any? The Allopaths have a long list of styptics without knowing how any of them act. If alum water, ergot, or iron is a constrictant, what does it constrict?

I have about made up my mind that the only thing that the so-called styptics act upon is the muscular fiber, nor do I care whether it has been demonstrated in the lung tissue or not. There is certainly an elastic tissue there and I do not apprehend that the name it is called by changes its physiological function. There is altogether too much wisdom of words and too little knowledge of facts in medicine.

My chief purpose, however, is to say a few words about the drug *Viburnum Prunifolium* and possibly some others. I learned that viburnum would sometimes prevent a threatened abortion, and have successfully used it for that purpose. Then having some lady patients in their climacteric age, or the turn of life as it is called, who were often troubled with uterine hemorrhage, and which ergot and iron *et id genus omne* did not control, I empirically exhibited viburnum with the happiest results. From this stage I reasoned (or did not reason) that if it would do pregnant women and old women so much good, why would it not act as well on the virgin in case of menorrhagia? So I tried it in some cases that had baffled the skill of the Allopaths, and lo! it effected cures. Try it some of you doctors. The cases were those



in which I could discover nothing ailing the person and I judged that it was only a weakness of the veins of the mucous membrane, like that which in boys gives rise to nose bleeding. I have not tried it on any men yet, but if I find any liable to abort, I shall. Will someone try it in hemorrhage from the lungs?

I now thought that I had the world by the stern, and a down-hill haul, but alas for mathematical computation when applied to remedies! In the very first case in which I exhibited it for menorrhagia in a married lady, it failed utterly; while ergot did the work.

Now, I am a seeker after knowledge. I want to know what a styptic is, how it acts and upon what tissue. Will someone tell me why viburnum, ergot, hamamelis or erigeron will sometimes act so well, and again, under similar conditions so far as can be judged, will fail entirely? Don't beg the question. Tell on what tissue each medicine acts and how. Or is the animal economy less of a machine than is sometimes assumed? I opine that we have yet much to learn of what are called vital processes.

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### Vaginal Hysterectomy.

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By JOHN R. FEARN, M. D., Oakland, Cal.

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Vaginal hysterectomy of the past is fast being revolutionized in every sense of the word, and the dangers so long dreaded by the most competent surgeon so far overcome that now the operation may be done by anybody possessing a knowledge of the anatomy of the parts and a fair amount of surgical ability.

The operation of the past, looking from the present standpoint in official surgery, seems to have been cruel—even barbaric. Where is the surgeon who, in performing an operation on any other part of the body, would ligate the tissue *en masse*



to overcome a bleeding artery as has been done in case of the broad ligaments? When we come to think of the intricate mass of nerve fibers passing from the sympathetic to the organs we wish to ablate, can we wonder at the shock which is imparted to the system by such proceedings?

In the old operation, after the peritoneal cavity had been opened anteriorly and posteriorly, the broad ligaments were seized in the jaws of clamps made for the special purpose, then the uterus was severed from its attachments and delivered, while the clamps were left on for thirty-six to forty-eight hours, crushing the life out of the tissue in their grasp. In cases where these clamps are used it is impossible to remove the ovaries and tubes even if so desired.

In other cases the ligaments were secured in the grasp of several smaller forceps or by ligatures, in which case the ends of the ligaments were drawn into the vagina and sewed into the roof, thus closing entirely the peritoneal cavity, leaving no wounded surface in it.

Following this is a shock more or less profound which at times taxes the surgeon to the utmost to keep the patient from dying. Then there is oftentimes the lingering convalescence during which the patient is fretful, nervous and a being to excite pity from the most hard-hearted. Often when discharged from the surgeon as well, she is still, and always will be, an invalid on account of the cruel, yet so-called justifiable, manner in which she has been treated. Yet is it justifiable when all this difficulty can be avoided?

The operation to be now considered was performed as far back as 1820, but on account of the lack of antiseptic precaution it was attended with very poor results. A full account of the operation as then done may be found in "Brodies Surgery", a work printed in 1848. On account of the great fatality, the operation was lost sight of and is now being brought forward under the name of Pratt's Hysterectomy.

Professor A. J. Howe some time before his death while performing an hysterectomy accidentally stumbled on to the



main part of the operation—using simply two ligatures which constricted the circular artery—though he did not then recognize how near he was to the end at which he was aiming. During his last sickness he remarked to L. E. Russell, M. D., “We must re-study the pelvic viscera and better understand its anatomy, there are better ways of operating than have ever been told before. (He had not seen Brodies’ article.) We shall yet see the day when the uterus will be removed without the use of ligature or forceps. I will explain more fully when I recover.”

And now his prophecy has been fulfilled in the operation which Pratt claims as his own, but which was done so long ago. The uterus and its appendages are removed without the use of clamp or ligature.

We will now look to the anatomy of the parts. The uterus is found to lay between two folds of the broad ligaments, one anterior and the other posterior. The space between them on either side is found to contain cellular tissue in which lie the blood vessels of the uterus, surrounding it like the wicker work on certain liquor bottles, while only very fine vessels penetrate the organ.

The ovaries and tubes have no large vessels and by careful dissection may be removed without requiring any ligation. The instruments required are a spud, having an end like the handle of a scalpel, sharp-pointed scissors curved on the flat, vulsellum forceps, tenaculum, artery forceps, needles and holder. The hysterectomy knife designed especially for this work (it resembles a tenaculum brought to a cutting edge on the concave side) is not absolutely necessary.

There are two methods of proceeding, either of which may be followed. In one the uterus is enucleated without entering the peritoneal cavity. In the other the peritoneum is opened the same as in the old operation. I shall first describe the enucleation. The vagina is thoroughly cleansed out with soap and water and afterwards with the bichloride solution. The uterus is then curetted, dilated, and packed with gauze.



The cervix is now grasped by a strong pair of vulsellum forceps, or is secured by means of two long and stout ligatures, one being passed through each lip, anteriorly and posteriorly. These cords give full control over the uterus and are easier to handle than the vulsellum forceps.

The uterus is now well drawn down while with the sharp-pointed, curved scissors the mucus membrane is cut through in a complete circle just above the guy royes; this cut reaches the muscular structure of the uterus. Now, while exerting strong traction on the cords the covering of the uterus is either cut or pushed to one side, all the time keeping close to the muscular structure and in the cellular interspace. When the cornua are reached they are cut off and no further attention is paid to them. In this way the organ is delivered much the same as in removing the meat of an orange from the rind. The ovaries and tubes are not removed in this operation.

In the other operation after entering the peritoneal cavity as formerly was done, two ways are open to pursue. In one the fundus is caught by a strong tenaculum and everted anteriorly. The broad ligaments are carefully dissected from the sides of the uterus from the fundus to the cervix.

In the other, strong traction being made on the silk cords, the broad ligaments are carefully dissected off, removing the part from the fundus last. On coming to the peritoneum covering the fundus, it may be dissected off to form a floor for the pelvis, Dr. L. E. Russell being partial to this method.

The ovaries and tubes may be removed without hemorrhage by cutting close to them. Some operators remove them connected with the uterus but this is hard to do until skill is acquired in the operation. After they are removed the edges of the peritoneum, left by their removal, are drawn together by means of a continued cat-gut suture. The broad ligaments of either side are now sewed together and the vagina packed with gauze. A vulval pad is placed in position and held by means of a T bandage.



After this operation the shock is perceptible but is quickly rallied from, the patient being able to be about by the second week.

This operation is followed by no sloughing of tissue as must follow the clamp method and consequently there are no foul discharges to poison the patient. Also there is no waiting for ligatures to come away as when the broad ligaments are tied in sections.

None of the important blood vessels are injured if the operator is careful and as the blood supply to the parts is unimpaired the parts heal much quicker. And if during any stage of the operation an artery should be wounded it can be readily brought into view and the bleeding can be stopped either by torsion or ligature without including other tissues.

Furthermore, this operation has been performed on women who literally seemed to have one foot in the grave, in cases where the surgeon would not dare to do the operation by the old method, and they have recovered and are to-day better women than they have been for years.

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### **Congestive Apoplexy, Case in Practice.**

BY C. J. SHARP, M. D., OAKLAND, CAL.

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Reported to Alameda County Eclectic Medical Association.

A few nights since I was called in great haste to visit a patient reported to be in great distress, though usually in very good health. On arriving at the bedside I found him dead.

After questioning the friends present and examining the body, I found it impossible to decide as to the cause of death, and turned the case over to the Coroner.

Myself and Dr. Church were present at the autopsy, which revealed that there had been such a gaseous disten-



tion of the stomach and intestines as to press the heart and lungs entirely away from their normal positions, and to cause a fatal congestion.

The heart was crowded upward until the base reached the first rib; the lower lobes of the lungs were crowded upward and backward to an equal height.

Had a physician been present before death, only prompt surgical relief for the frightful upward distention could have been of any avail.

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### Gelseminum in Dysentery.

BY A. E. COLERICK, M. D., PACIFIC GROVE, CAL.

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EDITOR CALIFORNIA MEDICAL JOURNAL :—After reading the able article on Dysentery, by Dr. Lewis Lee, of Modesto, in the September issue, I thought perhaps it was my duty to give the readers of your valuable journal some of my experience in the treatment of that disease. Having formerly lived in the State of Michigan, where malarial diseases are prevalent, I was called to treat some of the worst forms of the above named disease, and am thankful to say, that by the blessing of the Great Physician upon the means used for their recovery, I never have lost a case of dysentery in a practice of over twenty-five years. In my experience with the *treatment* of this disease I have found gelseminum to be the *specific* remedy. Sometimes we use other remedies in alternation with it, if the symptoms indicate their use. But gelseminum is *our* sheet anchor from first to last in this malady. We usually commence with the minim dose of the fluid extract or specific tincture, and increase until its toxicological effects are perceptible; then slow up, or omit entirely for a short time. I remember in treating a very bad case where thirty drops of fluid extract was given at a dose (for a few doses) without any bad result. When large doses





have been given for a length of time, the following symptoms will generally manifest themselves, to the annoyance of the patient: Drooping of eyelids, double vision and cold extremities. For the last ten years I haven't given any astringent remedies to check the discharges; but prefer instead to give mild aperients. It usually takes about fourteen days to assist nature in curing the disease when it is of the epidemic form. The next case of this disease I have to treat I am resolved (if circumstances will permit) to use gelsemium by enemas also in the treatment of this disease, and ascertain if by so doing we cannot shorten its duration.

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### Stirpiculture.

BY H. MICHENER, M. D., HALSEY, OREGON.

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A few weeks ago the papers contained an item stating that a man and wife, with six small children, were tramping from a place in southern Oregon to Sacramento seeking work. That conditions are such that men with families can not obtain work is deplorable indeed. Such cases, and they are numerous at present, necessarily calls attention to the stringency in the labor market; but it should also call attention to the fact that no one is justifiable in bringing into the world a child for whom the parent cannot provide. Every child has an inherent right to a good birth, and has equally as good right to demand that the parents be so situated that it can be well cared for—not that it may be reared in luxury, but that it may be properly clothed, fed and educated, that it may become a useful factor in our civilization, an honorable citizen of the country to which it belongs.

That a child has a right to a good birth demands good physical, moral and intellectual qualities on the part of the parents, a phase of the question which I will discuss in a future paper.



Not only the papers, but many well-meaning people often deplore the fact that the modern American family is so small, and they point to the families of their parents or grandparents, containing from ten to eighteen children, all growing up to sturdy manhood, and strong factors in the upbuilding and maintenance of our present form of government. But they lose sight of the fact that conditions and environments have changed.

In the settlement and growth of our country prior to the introduction of railroads and all modern labor-saving machinery, and the influx of European immigration, the evolution of a community was comparatively slow. Wealth did not increase with the rapidity of later years, and was not so much concentrated in the hands of a comparatively small number of the community.

Natural advantages for obtaining a home and providing subsistence for a family were abundant and equally open to all. They were strangers to the multiplication of wants which our modern civilization has called into existence. The diversity of labor in feeding, clothing, and otherwise maintaining a family, were not so great then as it is at present. A family could take up a home and maintain itself almost independently of aid from others.

At present it is different. Equal opportunity for the use of God's earth is not given us. It is no more possible for a laboring man to occupy a piece of land and produce everything necessary to the subsistence of a family.

Civilization has multiplied wants, diversified labor, sharpened competition, and limited individual production to certain lines of products.

As wants multiply and opportunity decreases, it then becomes necessary to limit the number of offspring in each family. Parents may be able to give to a few children the aggregate advantages that otherwise would be divided among a larger number, thereby increasing their powers to battle for existence.



Let fewer children, but better bred and cultured be the rule, and ignorance, brutality and crime will lessen, while the moral force of civilization will take a long stride forward and upward.

In every community there are families who are ignorant, shiftless and depraved, and who spend their efforts, like ill-weeds, in reproducing themselves—breeding inmates for our reformatory, restrictive and eleemosynary institutions—a constant menace to society. How much better it would be if such could be limited or entirely suppressed. Would it not be better to direct our efforts in the line of restriction, educating the masses until they realize that it is a higher and nobler science to breed fine children than it is to breed fine stock?

The laws of development, and of heredity and evolution in the breeding of stock are closely studied and acted upon; but the breeding of children is left to chance and the impulses of our animal lusts. Stirpiculture, as far as it applies to mankind, is unheeded, and as little studied by the masses as it was centuries ago. It may be said to our shame that we are all "accidents." If some of us show better breeding than others, it is more the work of chance selection, brought about by the limitations of our environments than it is of any well-studied plan of our progenitors.

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### Manaca.

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By G. P. BISSELL, M. D., Cedarville, Cal.

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This Brazilian plant is by the old school classed as an alterant. They have an easy classification, founded on the most obvious effects of drugs exhibited in poisonous doses. When I say that a drug is an alterant, who knows from that classification under what circumstances to give it? In what conditions of the system and for what class of ailments.



Their classification is good only as a hint to further experiment.

I have used Manaca now for more than twenty years to relieve muscular pains, or for muscular rheumatism. It has also a control, in less marked degree, over arthritic pains, when the rheumatism is sub-acute. But the great and chief use I have for it is in muscular pains when these are dull, heavy and persistent. If the pains come in great waves, as Scudder so happily expresses it, I find Macrotys much better. I am an advocate for mixing medicines, on the shotgun order of prescription. If the white tissues are involved I add Bryonia. If the nuchia is involved I put Sticta in. When pain is over the left eye, or in the top of the head, at place of anterior fontanelle, Rhus will relieve. More often than otherwise Rhus and Bryonia are added. The dose I have usually employed has been, Manaca, 3. j., Rhus, gtt. v., Bryony, gtt. x., Aqua, 3. iv. Dose, teaspoonful four times a day.

But of late I have come to think that this dose of Manaca is too much, is almost, or quite, poisonous. Whether it is because the preparation I now get is better than that formerly obtained, or whether it is owing to climate, I have not determined, but of late Manaca has developed effects which I had not formerly noticed. After the relief of pain, the first effect is to cause a dry and prickling sensation in the mucous membranes of the nares and mouth, notably in the fauces. The same prickling will be felt in the skin of the nose and lips, then, if the medicine be still taken, the prickling will be noticed in isolated spots over the whole cutaneous surface.

But another effect will be felt. It involves the brain. Less disposition to mental exertion will be experienced, and a feeling of insecurity, or want of balance, will be engendered, which I can best compare to that felt when one steps into a small skiff which yields under his weight. This



last feeling persists quite a while. Remember, I have been speaking of doses mentioned above.

Then I conclude that Manaca acts sensibly on the nerves. And from the same premises I infer that it may have uses that we know not of. Will some one try it in minute doses in troubles of the nervous system, and report the effects. I should think that it would be found valuable in epilepsy. Who will try it in that trouble and make report?

### The Long-looked-for Prescription.

BY W. A. HARVEY, M. D., San Francisco, Cal.

For long standing and persistent acne give the following with almost positive assurance of success, if persisted in from two to four weeks.

℞ Sp. m. Phytolacca, - - - ʒii.  
 " Sambucus Can. - - - ʒiii.  
 Potas. Acetas, - - - ʒss.  
 Elixir Cascara Sag. (Tasteless) - qs. ad. ʒvi.  
 M. Sig:—ʒi Four times daily.

The most potent ingredient of the above being the sambucus.

It is very good in cases of Cellulitis.

I have used the same in cases of recurrent ferunculæ (boils) with the most gratifying success. It prevents those present from forming pus and as a consequence they dry up, while no new ones will form during this treatment.



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**Belladonna.**

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By DR. J. BALL, San Francisco.

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There are two probable causes for the manifest uncertainty of the action of belladonna in general practice. One cause is the variation in strength of the active principle in all fluid preparations from the crude drug, which, in a measure, is unavoidable, and which can be removed only by the substitution of the active principle, Atropine. The other cause is beyond the reach of removal, and must be met by the greater or less amount of the drug administered, and is due to the fact that :—

Herbivorous animals, as a rule, are but slightly affected by this drug. A horse has been known to eat eight pounds of the leaves without injury, and it takes fifteen grains of atropia to poison a rabbit. In conformity with this fact, it will be found, in many instances, at least, that people who eat considerable meat are much more susceptible to the influence of this drug than are those whose diet is composed largely of fruit and vegetables. This view of the matter is further supported by the fact that children are much less affected by it than are adults ; except that children who are fed largely on animal food will be found correspondingly susceptible to the influence of this drug.

But even if this were universally true, which, of course, we do not assert, it would be impossible, in most cases, at least, for us to say what proportions of animal and vegetable foods, respectively, were consumed by a patient. It follows, then, that in prescribing belladonna, we must first find out the degree to which the patient is susceptible to its influence.

Eclectics have nothing to boast of in regard to the use of this drug, for Eclectic journals are full of contradictions respecting its therapeutical effects. This being the case, there can be no excuse for disregarding the testimony of such



men as Da Costa and J. Milner Fothergill, the latter of whom says: "Sulphate of atropia is tasteless, and can be accurately measured. It acts upon the terminal endings of nerves in the sudoriparous glands, and, as an anhidrotic is unrivalled. But it must be given in larger doses than those commonly administered to be effective. Many practitioners, I fear, declare the drug to have failed when, really, they have failed to give it a proper trial. No one would assert that sulphate of magnesia was not an effective purgative because the ordinary dose fails to produce loose stools in certain persons. It is well to commence with one seventy-fifth (1-75th) of a grain in adults. With children, who are like rabbits almost in their tolerance of belladonna, it is desirable to commence with one-fiftieth (1-50th). \* \* \* \* Not uncommonly the dose must be increased to a twenty-fifth (1-25th) of a grain. Beyond this I have not yet gone, but intend going up to one-twelfth (1-12th) in hot, relaxing weather.

"In measuring the effect of Belladonna the pupil is a worthless guide, utterly worthless, in my experience. In some cases dryness of the throat and dimness of vision are produced by small doses, and the judicious practitioner will not loose his head and stop the drug on the first appearance of these toxic symptoms. Belladonna is a poison, like strychnia, which keeps its danger-signals well up and far out, and gives distinct warning long before any serious risk is neared."

Da Costa recommends it also in doses of one seventy-fifth (1-75th) to one twenty-fifth (1-25th) of a grain in pill form for the night-sweats of phthisis. And those writers who are the best satisfied with its effects in *incontinence of urine* of children are the ones who use it in increased size of dose till it has the desired effect. These are cases in which a small dose often repeated will *not* have as good an effect as a larger dose towards bedtime.

Belladonna acts on all unstriped muscular fibers and,



therefore, increases peristalsis and arterial tension. It also increases the flow of urine from the same causes.

It increases the strength and regularity of the contractions of the heart, and soothes the excitement which accompanies palpitation. It is a stimulant to the respiratory centers. It will often give speedy relief in asthma, and cases of spasmodic cough. It checks the salivary secretions, causing dryness of the mouth. It is, therefore, an excellent remedy to check excessive salivation.

Belladonna can also be used externally, as it is readily absorbed by the skin. It quiets neuralgia and rheumatic pains, and makes an excellent application in acute rheumatism. It will often prevent or arrest suppurative processes, and thus abort abscesses and boils. It can be applied to inflamed piles and fissures of the rectum, often with excellent results. It will check localized sweating and arrest the secretion of milk. When its local effect only is required, it acts more uniformly. But when it is given internally, whether as belladonna or atropia, the size of the dose will have to be graded to the idiosyncrasy of the patient.

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SOMATOSE, THE NEW MEAT NUTRIENT:—An exhaustive investigation of the constitution, physiological action and therapeutics of Somatose, the new albumoses food-product and meat nutrient, has recently been made by Helbing and Passmore. On the ground of their own researches and from a careful analysis of the considerable literature that has already appeared on this preparation they conclude that the therapeutical evidence is very unanimous as to the value of Somatose as a food for the sick and for convalescents. The properties which they emphasize as contributing to its suitability are briefly recapitulated as follows:

1. Somatose is readily absorbed even in diseased conditions of the stomach and intestinal tract.
2. Somatose is tolerated and retained in sufficient quan-



tities to ensure against the evils of malnutrition, and unlike artificial peptone preparations which become obnoxious to the palate, Somatose actually stimulates the appetite.

3. Somatose does not disturb the most delicate stomach, never causing flatulence or diarrhoea.

4. Somatose is tasteless and odorless, and therefore agreeable and easy of administration, so that if desired it can be given without the knowledge of the patient, and in all cases without exciting the repugnance produced by the use of peptones.

"In general, Somatose is indicated in conditions where an invigorating and easily absorbed food is required. It is absorbed with extraordinary rapidity, and requiring no digestion, therefore immediately acts as a nutrient and does not disturb the stomach.

"With the aid of Somatose it is possible to tide the patient over critical periods, since it is capable of acting for a long time as a complete substitute for nitrogenous foods. The preparation may therefore be employed with advantage in all diseases attended with fever and acute exhaustion of the system, and in diseases of the stomach where there is danger of overtaxing the intestinal canal or producing mechanical irritation of the mucuous membrane of the stomach."

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### New Remedies.

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**LISTOL TABLETS.**—These tablets are manufactured expressly for physician's prescriptions. They are entirely antiseptic, soothing and non-irritating. The remedy par excellence for the treatment of diseases peculiar to women. These tablets are superseding the old methods of treatment that have proven so unsatisfactory, and are steadily winning their way into the good graces of the profession generally.



# THE ❖ CALIFORNIA \* MEDICAL \* JOURNAL. ❖

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The Board of Examiners of the Eclectic Medical Society of California will, meet throughout the year regularly at 4 o'clock P. M. on the second Thursday of each month, at the office of GEO. G. GERE, M. D., Secretary, 412½ Post Street, San Francisco.

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## *Miscellaneous.*

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### Therapeutic Notes.

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BY H. T. WEBSTER, M. D.

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The value of **prunus virginiana** as a heart tonic is not fully appreciated. Dr. Clifford Allbut asserts that it "relieves the flagging and distended ventricle of the chronic bronchitic, stimulates the flapping chambers of the anæmic, and increases the muscular tone of the heart in subjects recovering from fevers and other exhausting diseases. In the irritable, convulsive heart of the overworked man of feeble physique it is also serviceable, as well as in dilatation of the right heart, whether as a result of chronic bronchitis or mitral stenosis."

It is hardly probable that Dr. Allbut is well acquainted with the list of heart remedies familiar to modern Eclectics, for if such were the case his enthusiasm for wild cherry would not be so prominent. However, perhaps we have overlooked some of the good qualities of this agent, and had better give it a little more attention. Eclectics occasionally have to learn something from other schools about their old remedies. They get self-conceited and careless, and need to be jogged.

**Some Old School Writers** possess enough breadth



of character to indorse the suggestions of Pratt relative to his bloodless method of removal of the uterus, and give him the proper credit for it, even though Pratt be a Homœopath. Emory Lamphear, M. D., in the St. Joseph *Medical Herald*, does this in a way which does him credit as a gentleman and a scholar. I might add, as an American. This is as it will be generally later, when the barnacles have been scraped off the old Allopathic ship and its antiquated English code has been buried for evermore. Pratt now removes the tubes and ovaries by enucleation, as well as the uterus.

It has been recently claimed that **solanum carolinense** has been used successfully to sedate sexual desire. It may prove a useful remedy for spermatorrhœa, as well as for that morbid craving not uncommon to young men and women, termed respectively satyriasis and nymphomania.

**A Word About Kaki.**—Several purchasers of Dynamical Therapeutics have written me within the past year, inquiring about the place to obtain this drug. I have obtained my supply from Dr Huckins, of Danville, who procured it from New York. As the form in the market is that of powdered bark, we must expect it to deteriorate. It will soon fail to afford the satisfaction expected, unless some one prepares an imperishable drug from the crude article, recently gathered. Large shipments of the crude material are liable to tarry long in the market and deteriorate, until little therapeutic property remains.

**Cocaine** possesses the property, so it is said, of arresting the secretion of the mammary gland, and should be used sparingly as an application to cracked nipples during lactation, on this account.

**Hiccough.**—This spasmodic affection is sometimes a puzzle to the pathologist and therapist. The most approved remedies may fail in a stubborn case, and afterward one from which little would seem to be expected in the start



cure promptly. Specific indications seem to afford little satisfaction, so far as my experience has gone.

I can call to mind three cases which have proven suggestive, because they were stubborn and because they were unexpectedly cured promptly with single remedies after more elaborate treatment had failed.

During the early years of my practice I was called upon to treat a young man who had wound up a long debauch with wine and women with a persistently stubborn and severe attack of singultus. Several physicians had been consulted, and various remedies had been prescribed, but nothing had availed. After several trials, I succeeded in arresting the hiccough permanently with ten-drop doses of chloroform.

A few years ago, I saw a case in consultation with an Oakland Eclectic which had exhausted all measures tried for several days. Magnesium phos. cured over night—at least arrested the hiccough, though the patient succumbed within a fortnight, as he was in the last stages of prostrating fever, and was old and debilitated.

During the past year I was called to Colusa, Cal., by Dr. J. S. West, to consult over the case of one of the leading citizens there, an elderly gentleman, who had been suffering for several days with singultus and vomiting arising from dietary indiscretion. The doctor had become somewhat discouraged, as he had tried many remedies without success. I remained twenty-four hours and several remedies were tried at my suggestion, but the patient was not a whit better at the time of my departure, and was evidently growing weaker—the case was a grave one, and I felt that there were serious doubts of recovery. In a few days I received a letter from Dr. W. announcing the convalescence of Mr. S. He informed me that after almost giving up all hope he had abandoned all other treatment and put the patient upon attenuations of arsenicum, when prompt curative results followed.



Behind the nervous trouble lies an individual cause, in many instances, which must be sought out and remedied, the nervous reflexes suggesting but indifferent means of selecting the proper remedy. There must be considerable of the old-fashioned cut-and-try plan when we come to medication in such cases after all. In the last case described, much credit is due Dr. West, for his successful management of a very stubborn, perplexing and discouraging condition.

**Achillea Millefolium.**—This common and homely plant has attracted considerable attention among Eclectics within the past few years. It flourishes all over the East, and is not uncommon on the Pacific Coast. It is called yar-row, wild tansy, milfoil, etc.

I have used this remedy in active hemorrhages several times when other agents were not at hand, with prompt and satisfactory result, but have never thought of using it in chronic affections of this character. However, it seems to promise good results in chronic metrorrhagia, even when plastic changes have taken place in the uterine tissue, restoration of structure as well as of function resulting.

Dr. C. E. Miles, of Boston, Mass., in an article in the last number of the *Massachusetts Medical Journal*, attests its excellence in such cases as these, as well as in long standing menorrhagia and leucorrhœa. He cites a number of illustrative cases, which impress the reader with the more than ordinary value of the drug. He employed the fluid extract of a local firm, using 20-drop doses three times a day. After a protracted use of the remedy (two years in one case), the uterine hypertrophy was relieved, and hemorrhage controlled permanently.

This should be investigated as a remedy for stubborn uterine hemorrhages, as reliable agents are not yet too plenty. I am convinced that we will bandon the practice of curetting the uterus for metrorrhagias almost entirely by and bye, and go back to the good old practice—upon improved methods, possibly—of using internal agents alone



for this condition. Curetteing does not prove everything desirable, and is liable to result in salpingitis or other plastic inflammatory changes.

Achillea has cured chronic ague of stubborn character, after approved treatment has signally failed. I recall the case of a young man who contracted chills during service on a canal packet years ago, and came home completely unfitted for work, and tried the doctors for several months without avail, who was cured with the prescription of his father (an old farmer) in a short time. The prescription was a decoction of fresh yarrow herb, drunk freely, and continued until the disease had disappeared for a month. It has proven an effective remedy in several cases of the kind according to my observation.

**How To Sell A Practice.**—An old acquaintance who has disposed of his practice several times, has recently given me a few points on the proper method of disposing of a location when it becomes so undesirable that the occupant wishes to move. The method is simple, and can be practiced by any one possessed of the necessary "gall." Of course this is an essential requisite, though this can be cultivated in time, until the most unsophisticated practitioner can become an accomplished villain.

After finding some one innocent enough to bite at the bait, and who has a little ready money, inform him that you have just the place he is looking for, and one to which he is especially adapted. Then make an appointment with him to come and spend a few days in your office, and look on while you "practice," in order that he may know just what you are doing. Then arrange with all your acquaintances to call on those days at the office, and while your prospective purchaser sits and looks on, call each one into your private office, chat with him a little while, and let him out at the side door. After all have come and gone, go out where your dupe is waiting, open your day-book and charge each one a round figure, calling purchaser's attention meanwhiles



to what you are doing a day. Of course you do not intend to present these bills, for you expect to get your pay for your trouble out of your practice after you have sold it. There are still some "jays" ready to be caught on such a proposition as this, and why should you not take advantage of them? My friend assures me that this plan works capitally in the majority of cases.

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### Hospital Notes.

BY LE SCALPEL.

FABIOLA HOSPITAL.

**Vaginal Hysterectomy.**—From a report of the above operation by Dr. Florence N. Saltonstall we quote the following:

"Vaginal hysterectomy may be performed by one of three methods: The clamp; the ligature; enucleation, as originated by Langenbeck and revised by Pratt of Chicago. The selection of the method must depend upon the case; enucleation, or sub-peritoneal dissection of the uterus from its attachments, is the ideal method; but in cases where the natural topography of the pelvis is lost by reason of masses of adhesions, or in cases of large fibroids with their enormous blood supply, the clamp method is the safest and quickest.

**Technique of Operation.**—One of Doyen's specula is introduced posteriorly, depressing the posterior vaginal wall; after the uterus has been curetted and packed with gauze, the cervix is seized on each side by strong, sharp-toothed forceps, and drawn well down. A circular incision is then made around the cervix at vagino-uterine junction with Landau's curved knife. Careful dissection is then made with handle of scalpel through cellular tissue, separ-



ating the bladder from uterus anteriorly, and the rectum from the uterus posteriorly, keeping close to the uterine body until the peritoneum is reached. This is incised anteriorly and posteriorly. The uterus is then split longitudinally through the anterior wall; grasping with the sharp forceps section after section of the uterus, steady downward traction is made until it is brought outside the vulva. In case the uterus is too large to be delivered in this way, sections are removed until the volume of the uterus is sufficiently reduced to permit its passage through the vulva.

The broad ligaments are clamped by the longest of Doyen's clamps, close to the uterus. They are applied from above downward, the entire ligament being caught in the grasp of the one clamp. By this method the uterine artery comes at the end of the forceps. The uterus is then removed by being severed from the broad ligament close to the clamps. Gauze is packed into the peritoneal opening to maintain good drainage, and around the clamps to prevent their bruising the vaginal tissues.

Pean's self-retaining catheter is placed in the bladder, and external pads and dressings applied. The after treatment is very simple. No nourishment is given for twenty-four hours, after which liquid is administered. Clamps are removed from twenty-four to thirty-six hours after. The vaginal gauze is allowed to remain from three to four days—depending upon the amount of drainage. After the removal of the clamps, the patient is left in a semi-recumbent position to favor drainage. Bowels are moved on the third day, and the catheter removed on same day. After the gauze is removed the vagina is cleansed by swabbing with pledgets of cotton dipped in an antiseptic solution, douches not being given until the sixth or seventh day. Patient discharged usually in three weeks."

**Mammarotomy.**—The following is a report of a case operated on Aug. 26th by Dr. Ward for mammary abscess of both breasts :



"Affected area, with surrounding parts treated in the usual aseptic manner, by being thoroughly scrubbed with green soap and water, followed successively by bichloride solution 1 to 1000, ether, alcohol and, finally, a saline bath.

A continuous stream of water was flowing over site of operation until the time of gauze packing. Two radical incisions were made in left breast, opening two cavities of thick pus of a greenish yellow color. Pus was thoroughly washed out. Pyogenic membrane removed with curette.

Cavities were packed firmly with strips of sterilized gauze wrung from carbolized solution 1 to 100.

Operator's attention then directed to right breast, where a large portion of the gland was found degenerated into a hardened mass completely honeycombed with parenchymatous infiltrations of pus.

This affected portion was removed by *morcellement*.

On opposite side of breast (inner) another free radical incision was made, and treated the same as that of left breast.

Cavities were firmly packed with strips of sterilized gauze wrung from the carbolized solution. Large squares of gauze, folded several times, and also wrung from the solution, were placed over each breast. Combined dressings of cotton covered with gauze were placed over these, and a many-tailed bandage brought over all and pinned very firmly.

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FABIOLA, Sept. 8th, 1894.

Patient is doing beautifully. Temperature normal. Breasts healing very rapidly.

Very truly,

DR. S. J. FENTON.



### An Athlete Interviewed.

It may be a matter of some interest to know the methods of training, habits, etc., of a professional athlete, and the opinion he entertains concerning the influence of athletics upon the general health of the individual engaging in these pursuits.

Mr. William Lucifer, of Scotch-German parentage, born 1867, who has been tumbler and contortionist, and now pursues a specialty of high kicking and jumping (holding the world championship on the high kick), when interviewed made reply to the questions asked as follows :

How early in life did you begin to train for professional work? It was not until 1880. I then joined Dan Rice's Circus and began systematic training for the role of tumbler and contortionist. Previous to that time my training had been on the general lines usually followed by lads of athletic turn of mind.

Do you come of a family of athletes? No, I am the only athlete in the family. My father was a large, powerful man, my mother of rather small stature. I attribute my muscular development to training more than to heredity. I believe that any young lad of average strength and ability can, by diligent practice, attain like results.

What are the best records you have made? In competition at Montreal, Canada, I made a record of 9 ft. 10½ in. on the running high kick ; 7 ft. on the standing kick ; 6 ft. 3½ in. on the running high jump. In my stage exhibitions, nightly, I clear a picket fence 5 ft. 9 in. in height.

What is your weight and measurements? I weigh 164 lbs., standing 5 ft. 9 in. in stocking feet. My expansion is 7½ inches. With the aid of the trapezius muscle this can be increased. I will show you.

(In the examination which followed, Mr. Lucifer, for the edification of his interviewers, kindly posed as Sandow, throwing into marked relief the deltoid and trapezius muscles,



and exhibiting the checker-board appearance of the recti muscles when powerfully contracted. He demonstrated also the high degree of flexibility attainable by the hip joint in a novel way, by "shouldering arms" and giving the musket drill with his leg. Such physical perfection is beyond description, it needs to be seen to be fully appreciated.)

What have been your methods of training? The plan I pursued at first was very simple, but effective in loosening the ligaments of the hip joint. It was to simply bend forward with knees stiff. This exercise, followed by what is technically known as the "split" (spreading the legs as far apart as possible), is all-sufficient. I have used these exercises frequently in training boys for the circus, who have been put under my instruction. The system I follow is Eugene Sandow's, as it appears in his work on training.

How many hours do you exercise daily? From four to five, but when giving a nightly performance I find that in itself of sufficient exercise. There is such a thing as over-training. My plan has been, both in training and exhibitions, never to put forth my best effort so as to strain myself in the least degree.

Do you observe any particular caution in respect to diet? Not with regard to the kind of food. I eat at regular intervals; abstain, though, from all intoxicating beverages and tobacco. Coffee drinking is my only bad habit. I am a veritable coffee fiend.

Are there any special diseases to which an athlete is subject? I believe a too close "back turn" injurious to the kidneys. Consumption is a disease which cuts short the career of many an athlete, but I believe incidental evils are the potent causative factors, *e. g.*, the vitiated air of the theater, the exposure to draught when the system is in an over-heated condition, dissipation, irregularities in diet, rest, etc., but these can be minimized by a proper attention to hygiene.

This opinion, emanating from a man who in himself pre-



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sents a perfect type of bodily health and physical manhood, is entitled to careful consideration.

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### **New Remedies.**

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INEBRIETY, DELIRIUM TREMENS, OPIUM HABIT, ETC. —To overcome the appetite for strong drink we must employ a remedial agent which, while acting as a stimulant and tonic on the system, will cause no disgust for it or nausea when its use is continued for some time. In Celerina we have almost a certain cure. Celerina, while causing no nausea whatever through and by itself, will, in most cases, as extensive experience has proven, imbue the person using it with an actual disgust for, and an abhorrence of, all kinds of strong drink. In the varied conditions following the abuse of alcohol, opium and tobacco, to restore the patient and tone the nervous system, Celerina is of great value, and as a tonic to the nervous system in all these cases of nervous exhaustion, whether evolved in the cerebral or spinal centers. Celerina, in doses of a fluid drachm three times a day, destroys the craving for alcoholic liquors. Celerina is a remedy par excellence to tone the nervous system in the varied conditions following sexual excesses and the abuse of alcohol, opium and tobacco.

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BROMO-CAFFEINE.—The Court of Appeals, to which was referred the celebrated contention as to whether "Bromo-Caffeine" should be held to be a valid trade-mark or not, has decided the question in favor of the plaintiffs, the Keasbey & Mattison Company, and that this question after passing through the Circuit Court, the Supreme Court in Special Session, and the Court of Appeals, may be considered as definitely settled for all time.



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THE ECLECTIC HOSPITAL AT CINCINNATI.—At a meeting of the Board of Trustees of the Eclectic Hospital of Cincinnati, held Sept. 11th, several important changes were made. In view of the fact of the assured success of the enterprise, and with a view to still further increasing its usefulness and spreading its reputation among the people at large, as well as physicians, it was decided to raise a fund for the support of charity patients.

This Hospital is in no sense a private hospital, but was organized for the advancement of the Eclectic cause. Under its charter it cannot benefit any individual or college, or other organization than itself. None of its officers or staff receive any compensation.

It is in no sense a local institution, but a national hospital for the Eclectic profession. It is designed to benefit our physicians all over the land. Therefore, it is the general desire that all take an interest in it, contribute money, send patients, and, by so doing, serve Eclecticism generally.

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OPIATES NOT TO BE PREFERRED.—Pain, while being conservative, is oftentimes unkind, and must needs be modified and controlled. Remedies like morphia, which tie up the secretions, are often objectionable. Antikamnia has no such unfavorable effects. As a reliever of neuralgia, dependent upon whatever cause, and rheumatism and gout, it is of great value. In the intense pains ever present in the pelvic disturbances of women, cellulitis, pyosalpinx, et. al., it is to be preferred over opiates.

This drug, for convenience and accuracy of dosage, is now prescribed, to a great extent, in tablet form. Patients should be instructed to crush the tablet before taking, thus assuring celerity.

The manufacturers have thrown around their product the security of specially protected packages, for both powder and tablets. And each tablet bears a monogram indicating



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its composition. Physicians should, therefore, insist on the presence of these conditions.

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Received sample of Bromidia some time ago. Since receiving same we have given it a fair test with the result that we keep it constantly on hand as a reliable sedative in all cases of insomnia and delirium arising from the abuse of alcohol or other stimulants.

THE KEELEY INSTITUTE.

MARYSVILLE, O., Jan. 20th, 1892.

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### What Is Malt Extract?

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With this issue of the JOURNAL we invite the interest of our readers to a new advertisement, that of the Ward Malt Extract Co. It would seem unnecessary to call attention to this were it not for the fact that it marks a new departure in the manufacture of a substance we are all more or less familiar with and interested as physicians in its purity.

If cereals be ground into meal, then made into bread and eaten, nearly all their constituents are insoluble and have to undergo a digestion under the various actions of the digestive ferments—ptyalin acting upon the starch and dextrin, pepsin upon the putrids or albuminoids. In the process of malting these varied functions are performed in the grain by the diastase and peptase—vegetable pepsin—making a perfectly digested product. The grain is then crushed and treated with water at such a temperature—144 Fahr.—that shall not injure the vegetable ferments, yet effectually dissolve out the soluble parts, then filtered bright and evaporated in vacuo at a temperature not above 120 Fahr. The difficulty in the past has been that when the extract had acquired a density of about 50 per cent. it began to acquire too much heat, which injured its character and, at the same time, rendered it more difficult of evaporation, and as an extract containing 50 per cent. of water would ferment,



alcohol, salicylic acid, or other preservatives, were added to prevent such fermentation. In the Malt Extract under notice, however, the process of evaporation has been carried so far that only 5 per cent. of water remains—just sufficient to class it as a liquid. In this condition it is perfectly unchangeable. Has no salicylic acid nor any other preservative in it. Is a perfectly pure Extract of Malt. We speak from personal experience, and are sure that in flavor, richness and general good qualities all will be delighted with the Ward Malt Extract.

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### Bureau of Information.

The State Medical Society has opened a "Bureau of Information" regarding locations desirable for physicians and surgeons. Any one knowing of good locations, or desiring to sell locations, or wishing competent assistants, should communicate with the secretary

Any advertised location in this JOURNAL that has been filled, please notify the secretary, that its publication may be withdrawn

The following locations have been sent in for publication:

COTTONWOOD, SHASTA CO.—It has been reported to this "Bureau" that there is an excellent opening for an Eclectic at the above town.

KNIGHTS FERRY—Twelve miles from Oakdale. No Eclectic in place. Good opening.

SAN FRANCISCO—Two thousand dollars will buy books and instruments worth \$1,000, furniture worth \$1,500, and the good-will of a good paying practice in the city of San Francisco. Office rent free. Reason for selling, ill health. Address, "DOCTOR," California Journal Co., 1420 Folsom st., San Francisco.

FOR SALE, or rent; my home and horse. Only physician and druggist in town. Nearest doctor fifteen miles away. Good R. R. prospects. Will sell everything. Good place for the right man with some money. Address "Physician and Druggist." Bieber Lassen Co. Cal.

BEST LOCATION in the state for a physician with some money. For particulars enquire of Calif. Drug Co. 1420 Folsom St. S.F.

WANTED—A position as substitute, or assistant to a busy general



practitioner, or eye and ear specialist. Would accept position in a drug store. Good references. Address: National Medical Exchange, Eckhardt, Indiana.

A good opening in Inyo county. Present physician leaving on account of ill health and advancing years. Apply to John Fearn, M. D., P. O. Box No. 1, Oakland, Cal.

FOR SALE—in the country a Doctors location, consisting of a store and small stock of drugs, a new house with grounds, a horse, buggy, cart and a practice of from \$2500 to \$3000 a year. For particulars enquire of this JOURNAL.

FOR SALE—or to exchange for a home in the country, a city drug store, stock valued at \$1,200, and practice connected with the same, embracing position as Lodge physician to Foresters with drug contract for lodge. Also Physician to Society of the World, a splendid new order. Address, Physician and Druggist, 1401 Church St. San Francisco.

A student (married) desires employment outside of lecture hours. Is an experienced accountant, and all-around business man. Is willing to be generally useful. Can furnish A. No. 1 references. Address, H. T., 1828 Eagle Avenue, Alameda, Cal.

At Santa Paula, California, there is at present no Eclectic, and the place will furnish an excellent opening.

Also two good locations in the country for active workers. All letters addressed to the secretary of the "Bureau of Information of Locations" will be answered promptly

J. C. FARMER, M. D., Sec'y,  
921 Larkin St.  
San Francisco.

### Locations for Eclectics.

Cincinnati, O., April 23rd, 1894

Editor, CALIFORNIA MEDICAL JOURNAL,

*Dear Sir:*—Pursuant to the request of Alexander Wilder M. D., Secretary of the National, I enclose you for publication, all of the locations for Eclectic Physicians, which I have received up to the 20th.

Respectfully,

J. K. SCUDDER.

A good town of 3,500 in Kentucky. A middle aged, high-potency Eclectic or low-potency Homœopath preferred. Address with stamp Jas. A. Young, M. D., Hopkinsville, Ky.



Denver, Col. Good office. Address Dr. E. M. McPheron, 2103 Larmier st.

Perin, Ill. Address A. H. Hatton.

Springfield, Neb. Address L. A. Bates.

Stafford, Conn. Address E. M. Douley, M. D., Montville, Conn.

Barry, Pike County, Ill. 2,000 inhabitants. Eclectic just died. Address with stamp, L. A. Coley, Pittsfield, Ill.

Manistique, Mich. 4,000 inhabitants; 6 churches, good schools and roads. Good opening for surgery. Address Dr. O. C. Bowen.

Hartford, Conn. Owing to the death of Dr. H. J. Wiers, there is a good opening for an active Eclectic. Address Mrs. Dr. H. J. Weirs.

Warren, Ind. 2,000 inhabitants. surrounded by a fine farming country. An Eclectic will do well here. Address Sylvanus Finkle, Warren, Ind.

Mlian, Ind. Good town, fair country; 42 miles from Cincinnati. No opposition. Address George E. Parsons, M. D., Delaware, Ind.

A good location for an expert operator. Must be an Eclectic, and fully up to the most modern ideas in the treatment of the eye and ear. Address W. F. Curryer, M. D., 32 Massachusetts ave., Indianapolis, Ind.

LOCATIONS IN WASHINGTON. Address W. M. Smith, M. D., Montesano,

Olympia, capital of State; population 5,000 or 6,000.

Seattle, on Puget Sound; the largest and most flourishing town in the State.

Roquiam; on Gray's Harbor; population 800. No Eclectic.

Montesano (county seat), Chihalis Co.; population 1,000.

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**WANTED:** PHYSICIANS in every locality upon a commission, to operate an easy specialty, one the profession is not familiar with. It will net from \$1,000 to \$5,000 cash, every year. Will not interfere with a general practice. Plenty of cases in every community, which are accepted upon conditions to pay when permanently cured.

Address; FIDELITY RUPTURE CURE COMPANY,  
Cedar Rapids, Iowa.



# THE CALIFORNIA MEDICAL JOURNAL.

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D. MACLEAN, M. D.,

M. E. VAN METER, M. D.,

C. N. MILLER, M. D.,

EDITORS.

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*Terms: \$1.50 per annum, In Advance.*

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The Editors disclaim any responsibility for the statements or opinions of contributors.

Expression is essential to growth. We cordially invite all Eclectic physicians who would keep abreast with the times to make frequent use of our columns.

To insure accuracy, employ the typewriter when possible. Otherwise prepare manuscript with care, re-writing when necessary; be kindly thoughtful of the Editor and compositor, and do your own drudgery—time is money.

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This JOURNAL will be issued on the first day of the month.

Let all communications be addressed, and money orders made payable to the CALIFORNIA MEDICAL JOURNAL, 1422 Folsom Street, San Francisco, California.

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## *Editorial.*

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### **Our Journal.**

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Misunderstandings are cruel and often lead to needless quarrels and hatred. This is not only true in the case of individuals, but of classes and sects, as well. The antagonism between the different schools of medicine results largely from this cause.

Eclectics, Homœopaths and Allopaths do not understand each other, or there would be less of enmity. That each treats with success thousands of invalids yearly is proof that in each school there is much of good.

The interests of humanity and the progress of the different schools would be enhanced if bickering over non-essen-



tials could be stopped, and each be willing to grant to others the broad and liberal conditions demanded for themselves. It is time that each school should turn on the light, and assist others to do their best, rather than to keep up this continued effort to degrade, and to be constantly throwing dust and mud.

Should not Eclectics set an example in this matter? We believe they should, and, as OUR JOURNAL increases in popularity and influence, which it is steadily doing, we had rather its pages would be filled with matter useful to the profession at large than with articles acrid with narrow spite and hatred of rivals.

We trust that all Eclectics will support and assist us in this effort, reserving, of course, the scripture privilege of using "A bridle for an ass, and a rod for a fool's back."

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### What They Say Of Us.

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DIAGONAL, IOWA, Sept. 21, 1894.

*Dear Journal:* Inclosed please find draft for three dollars (\$3.00), to apply on my subscription account. I consider OUR JOURNAL second to none in the land, and equalled by only a few. I prize it all the more highly because it is a monthly visitor from my *alma mater* to my office. Am succeeding splendidly. Since coming here, a year ago last April, I have booked about \$1700, in the face of strong and active opposition and a very healthful summer. In that practice I have lost four cases—three under one year of age, and one over eighty-four years old. My practice is steadily increasing and widening.

The CALIFORNIA MEDICAL JOURNAL has helped me materially in my practice, and shall be a constant visitor to me in the future. I am now preparing an article for you which you will receive in a few days.

Very truly,

S. D. RINK, M. D.



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**Eclectic Medical Society---State of California.**

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**SESSION OF 1894.**

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Time goes on apace. Soon another year will have passed away and the banner bearers of the Eclectic School of Medicine will be called upon to meet in annual session to further advance the interest of our cause.

The past year has brought forth many new Eclectic practitioners and has seen the standard of Eclecticism placed on a firmer footing than ever before. The second Tuesday in November has been fixed as the time of meeting, and it is to be hoped that there will be a full attendance. Those of our brethren who have not yet benefited themselves by adding their names to the constitution of our State Society should no longer hesitate to do so, lest they may regret their dilatory actions.

Business of importance to our School of Medicine will, of course, come up for consideration, and the expression of the opinions of each and every one is a necessity. Papers on interesting subjects will be presented by some of our best writers, and a thorough discussion of the same will be edifying and instructive to practitioners in general. Come prepared to talk.

We cannot show too much interest in our society, since every attention we give it benefits the school, the Eclectics of our State in general, and each one of us individually. Therefore, let us gather in full force and do all the good we can. Remember that there is but little over a month intervening between this and the date of our meeting, hence bear that fact in mind. Place this issue of the JOURNAL in a handy place so that you can refer to it readily to refresh your memory, should your recollection fail you, and should, by some miscarriage of the mails, the notice to be sent you by the Secretary fail to reach you in time.

A. B. MEHRMANN, M. D., President.



### **Commencement and Reception.**

While the State Society is in session there will be two evening events of great importance which visitors from abroad should come prepared to attend. Tuesday evening, Nov. 13th, the commencement exercises of the College will be held, and on the following evening, Wednesday, Nov. 14th, the College Professors and Alumni Association will give a grand reception to the new graduates and members of the State Society.

The graduating exercises will take place in Metropolitan Temple, and will be unusually grand and imposing.

The reception will take place in "B. B. Hall," and will be an elegant and most enjoyable affair. The Hall is neat and commodious. A short and scintillating program of songs, recitations and speeches will be followed by refreshments, music and dancing. The floor will be in charge of Professor Hinman, one of the most popular and successful teachers of dancing on the Coast.

Do not miss these entertainments for anything.

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### **What Is Malt Extract?**

With this issue of the JOURNAL we invite the interest of our readers to a new advertisement, that of the Ward Malt Extract Co. It would seem unnecessary to call attention to this were it not for the fact that it marks a new departure in the manufacture of a substance we are all more or less familiar with and interested as physicians in its purity.

If cereals be ground into meal, then made into bread and eaten, nearly all their constituents are insoluble and have to undergo a digestion under the various actions of the digestive ferments—ptyalin acting upon the starch and dextrin, pepsin upon the putrids or albuminoids. In the process of malting these varied functions are performed in the grain



by the diastase and peptase—vegetable pepsin—making a perfectly digested product. The grain is then crushed and treated with water at such a temperature—144 Fahr.—that shall not injure the vegetable ferments, yet effectually dissolve out the soluble parts, then filtered bright and evaporated in vacuo at a temperature not above 120 Fahr. The difficulty in the past has been that when the extract had acquired a density of about 50 per cent. it began to acquire too much heat, which injured its character and, at the same time, rendered it more difficult of evaporation, and as an extract containing 50 per cent. of water would ferment, alcohol, salicylic acid, or other preservatives, were added to prevent such fermentation. In the Malt Extract under notice, however, the process of evaporation has been carried so far that only 5 per cent. of water remains—just sufficient to class it as a liquid. In this condition it is perfectly unchangeable. Has no salicylic acid nor any other preservative in it. Is a perfectly pure Extract of Malt. We speak from personal experience, and are sure that in flavor, richness and general good qualities all will be delighted with the Ward Malt Extract.

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## BOOK NOTES.

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A SYSTEM OF LEGAL MEDICINE, by Allan McLane Hamilton, M. D., Consulting Physician to the Insane Asylums of New York City, etc., and Lawrence Godkin, Esq., of the New York Bar, with the assistance of twenty-seven eminent members of the medical and legal profession. Vol. 1. Published by E. B. Treat, 5 Cooper Union, N. Y. Price in cloth, \$5.50.

It was the aim of the editor to make this encyclopædic work of legal medicine (two volumes) in every sense an original embodiment of the most advanced knowledge of



the subject. free from the redundancies which fill the pages of so many technical works of this character. It is needless to say that he has succeeded. The information that both medical and legal practitioners need will be here found in a concise and easily accessible form.

Some idea of its scope may be formed by reference to the following table of contents, Vol. I :

Medico-Legal Inspection and Post-Mortem Examination, by A. T. Bristow, A. B., M. D.

Death in its Medico-Legal Aspects, by F. A. Harris, M. D.  
Blood and Other Stains.—Hair, by Jas. F. Babcock.

Identity of the Living, by the Editor.

Identity and Survivorship, by Benj. N. Cardozo, Esq.

Homicide and Wounds, by Lewis Block, M. D., Ph. D.

Poisoning by Inorganic Substances, by Chas. E. Pellard, Ph. D.

Poisoning by Alkaloids and Organic Substances, by W. S. Haines, A. M., M. D.

The Toxicological Importance of Ptomaines and Other Putrefactive Products, by V. C. Vaughn, Ph. D., M. D.

The Medical Jurisprudence of Life Insurance, by Brandreth Symonds, A. M., M. D.

Accident Insurance, by Cortland Field Bishop, Esq.

The Obligation of the Insured and the Insurer, by R. C. Murtie, Esq.

Of Certain Legal Relations of Physicians and Surgeons to their Patients and One Another, by Wm. A. Purrington, Esq.

Indecent Assault Upon Children, by W. T. Gibb., M. D.

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A SYSTEM OF ORGANIC CHEMISTRY, by M. H. Logan, Ph. G., M. D., Professor of Chemistry and Toxicology in the California Medical College of San Francisco.

This book, which the author has published especially to meet a want in teaching Organic Chemistry to students who



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have but little time to devote to the subject, should find its way into the hands of all who desire a clear, concise knowledge of this branch of chemistry. The work is developed in regular steps, from the simplest paraffin, marsh gas ( $\text{CH}_4$ ), to the highest organized aromatic body. The process of natural and artificial oxidation has been selected as a basis for the section on paraffins, and the benzene nucleus for aromatic compounds. Valuable reference tables appear throughout the work.

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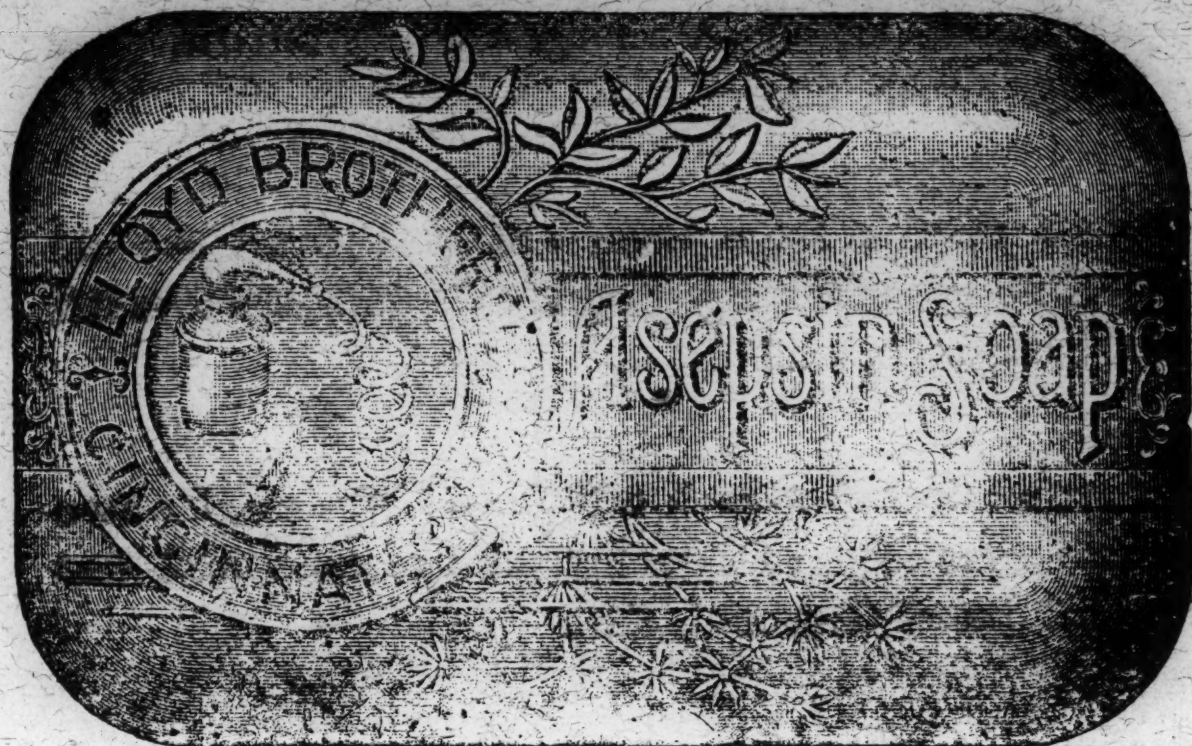
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